

POSITION	ID NO.	DATE
CLASSIFIER	65	10-18-96
EXAMINER	4704	10/96
TYPIST	243	11/4/96
VERIFIER	500	11-5-96
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
1 1	1/18/96
1 2	1/18/96
3 3	1/18/96
4 4	1/18/96
5 5	1/18/96
6 6	
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9 9	
10 10	1/18/96
11 11	1/18/96
12 12	1/18/96
13 13	1/18/96
14 14	1/18/96
15 15	1/18/96
16 16	
17 17	
18 18	1/18/96
19 19	1/18/96
20 20	1/18/96
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## SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through number) ..... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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